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Navy & Marine Corps Medical News  
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The Navy Bureau of Medicine and Surgery distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Stories:

Experimental medical information systems tested during RIMPAC 2000

By JO2 (SS) Dave Kaylor, RIMPAC 2000 Combined Information Bureau

The international maritime exercise Rim of the Pacific (RIMPAC) 2000 served as the testing ground for hi-tech medical experiments funded by the Defense Advanced Research Projects Agency (DARPA).

The experiments are in various stages of development, according to 3rd Fleet Surgeon, Lt.Cmdr. Eric Rasmussen. They exhibited varying degrees of success, but all performed better than expected.

The staging ground for these experiments was "Strong Angel," a humanitarian refugee assistance exercise conducted in a barren region on the big island of Hawaii. The interagency exercise included a number of United Nations and non-governmental organizations. "Strong Angel" marked the first time a humanitarian exercise was an integral part of RIMPAC.

"We were able to build a large scale exercise," said Rasmussen, "because we had experimentation funding."

Three of the experiments in particular were highlights during the humanitarian exercise. The first was a simple phrase-based translation system. In a refugee situation like the one simulated in "Strong Angel," a care provider can communicate with non-English speaking refugees.

A corpsman speaks a particular phrase into the built-in microphone on a Fujitsu 2300 tablet. The phrase is then translated and played back in the selected language. For example, the corpsman might say in English to a Swahili speaking refugee, "I am a member of the North Atlantic Treaty Organization peace keeping forces." The refugee would then hear that phrase translated into Swahili.

It is designed to be a screening system allowing a care provider to quickly extract simple registration information from refugees. It communicates in either short statements or solicits simple answers to general questions. If it is determined that more information from a particular individual is needed, that person would then be sent to a table set up with the two-way translation system.

"It's a simple way to do 20 questions," said Rasmussen. "The result has been a fairly robust 20 question system where you and I can be mute, not have one word in common, but still communicate with each other. It worked beautifully. We will be pushing it forward, probably into central Africa in November."

Also performing well during the exercise was the two-way translation system. Much more complicated, it consists of two side-by-side laptops. English is spoken into a headset attached to the first laptop. After recording the information utilizing voice recognition software, the computer then translates it into the selected language and plays it back through the speaker of the second laptop, enabling a two-way conversation between individuals speaking different languages. At this early stage, Korean is the only language to be translated in the new system.

"That's because we needed a huge body of parallel information," said Rasmussen. "It turns out that the best examples were the twice daily battle briefings given in South Korea. U.S. Forces and Republic of Korea Forces are given those briefings simultaneously in English and Korean. Those were absolutely perfect translations with a body of

translators standing by to assist."

After feeding the simultaneous information into the computers, the next step was to build statistical translation models. Many of the Korean officers used to evaluate the new system during its development are now participants in RIMPAC 2000.

Interactive Drama, named after the Maryland company responsible for its development, is another experiment consisting of pre-recorded information on a topic stored on a digital video disc (DVD). One of its first applications would be to evaluate chemical weapon exposures far forward.

A subject-matter expert records the audio-visual information. When the information is needed, a battlefield medic asks questions into a microphone attached to the laptop. Voice recognition techniques allow the system to retrieve the appropriate information from the DVD. The information is then played back showing the expert answering the question.

"It's just as if there is a two-way conversation between the subject matter expert and the person asking the question," said Rasmussen. "It looks like an interactive television show, driven by voice. It's in the early stages of development, so we didn't expect much, but it did fine."

One important aspect of these three systems is that they all use standard off-the-shelf hardware. Other than the specific software, all the equipment is non-proprietary, making the systems easier to operate and maintain.

"We had an extremely successful set of experiments because we scoped it carefully and we knew what we were trying to achieve," said Rasmussen. "We even survived the dust."

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Pacific military treatment facilities now under one survey  
By Bill Dougherty, U. S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - A small percentage of patients throughout mainland Japan are being randomly selected and mailed an individualized, customized survey to help assess the quality of care and provide feedback to hospital personnel.

The 17 multiple-choice questions survey replaces the small, local surveys done by each command or clinic in the Pacific.

"It's important that you fill it out. It helps us know what the quality of care we're providing and whether or not we're providing good access to care," said Lt. Paul Toland, Head of Managed Care.

"Although information is collected independently, USNH Yokosuka will get a report and an overall score that will benchmark them against other facilities throughout the Military Health System," said LT Toland. The survey will also help the hospital measure TRICARE Prime access goals and patients' overall satisfaction with customer service.

"When we get the information we're going to look at the areas that are identified as trouble areas where we're not meeting the goals of the Military Health System. And in those areas we're going to target for performance improvement," said LT Toland. "But, it's also important for us to know the areas that where are excelling in so we can continue to excel in those areas and share them with others."

For more information on the outpatient satisfaction surveys, contact your TRICARE Service Center or visit the TRICARE web page at [www.tricare.osd.mil/tricare-surveys](http://www.tricare.osd.mil/tricare-surveys).

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Addiction treatment facility opening its door to all beneficiaries

By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- Naval Hospital Pensacola's Addiction Treatment Facility (ATF) has extended its substance treatment programs to all military members, retirees and their family members over age 18.

"As a part the naval hospital's continuing efforts to meet the needs of the entire Navy community, we are very pleased to extend what is usually an 'active-duty only' medical service," said Commanding Officer Capt. Robert D. Hufstader.

The Addiction Treatment Facility is a mid-sized Navy unit with 13 counselors and 22 overall staff. But it is among the "very few who are providing services for non-active duty people," said Cmdr. H. Wakeman Smoot, psychiatrist and the ATF's Department Head.

"Although we are obviously excited to see this department grow and take on the new challenges," the decision to extend the services is "clearly being done to benefit the community," said Smoot.

The ATF provides intensive counseling and intervention on an outpatient basis for persons addicted to or abusive of (primarily) alcohol. Although not currently offering in-patient or residential care locally, the ATF can serve as a liaison to other facilities, both military and civilian, that offer that level of care.

"The Navy's drug and alcohol treatment programs are among the best in the country. In fact, Navy alcohol treatment programs were the prototype for most of the country's successful treatment approaches," said Hufstader. "I'm pleased that we're able to open this excellent service to even more of our people."

Opening the ATF to the Navy Pensacola community, the Naval Hospital is hoping to raise the awareness level and scope of treatment to the next plane in order to assist others in their fight against these addictions.

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Foreign nurses oriented in Orient

By Cmdr. Angela Alsberry, NC, Branch Medical Clinic Atsugi

ATSUGI, Japan - Seven nurses of the Foreign Nurses Association of Japan (FNAJ) attended a special Red Cross orientation program June 13 at Branch Medical Clinic Atsugi, to become certified volunteers.

According to Commanding Officer Captain Hank M. Chinnery, this union of the BMC Atsugi and the FNAJ is a wonderful opportunity to learn of nursing both in the Military Healthcare setting and also the way of nursing in other countries of the world. Having the nurses come to us broadens our outreach to those professionals who seek to remain active in giving patient care.

The FNAJ is composed of about 40 registered nurses from around the world who are in Japan for unique reasons. Those participating in March and last week were from the U.K., the Philippines, Australia, U.S., Korea and Japan. Some of these nurses have lived and worked in countries such as Saudia Arabia, Malaysia and Central America.

At the conclusion of the day, all received certification as BMC Atsugi Red Cross Volunteers.

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Great Lakes corpsmen lend support to recruiting efforts  
By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital PAO

GREAT LAKES, Ill. -- The Great Lakes Summer Cruise 2000 hosted the USS DEFENDER (MCM-2) and USS KINGFISHER (MHC-56) as part of its annual high school recruiting campaign the first week of June at Chicago's Navy Pier.

Over 250,000 attended the week-long event. Young men and women talked with the Great Lakes Corpsmen about the many specialties within the rating such as operating room technician, respiratory technician and optometry technician.

"Navy Medicine is one of the many ways to realize your dreams of becoming a physician, nurse or one of the many allied health specialties," said HM1 Jacque Dubose to a group of high school students.

The students toured the ships and a nearby tent manned by over 20 Navy corpsmen and dental technician from Naval Hospital Great Lakes, Naval Hospital Corps School and Naval Dental Center Great Lakes displaying career and education information

"The medical tent was very popular because they have displays and hand-outs that interest young men and women who can identify a career and skills that can be used in the civilian world," said DT1 Cheryl Castillo. "Many of the high school kids and their parents do not realize there is a dental rating in the Navy and the career opportunities it provides such as a two-year program which offers a diploma as a dental hygienist," said Castillo.

Naval Hospital Great Lakes medical and dental commands, where healthcare begins for over 53,000 recruits a year, are inextricably linked to the recruiting efforts such as the

Great Lakes Summer Cruise 2000.

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Two new sites expand FEHBP military retiree demo  
From Office of the Assistant Secretary of Defense

WASHINGTON - In a move to expand alternative health care options to military retirees over 65, the Department of Defense announced that it recently expanded the Federal Employee Health Benefit Program (FEHBP) demonstration project to include two new over-65 military retiree demonstration sites.

These additional sites are in the surrounding ZIP code areas of Coffee County, Ga., and Adair County, Iowa. They expand one of the department's projects to determine the most feasible way to provide health care for uniformed services Medicare-eligible beneficiaries and certain others. Members of the Military Coalition and the National Military/Veterans Alliance, two consortiums of organizations representing TRICARE beneficiaries, randomly selected "seed" areas for the additional program sites in early April.

This congressionally mandated demonstration project allows certain eligible uniformed services beneficiaries to enroll in, and receive their health care through, a health plan in the FEHBP, the same program used by civilian federal employees and retirees. DoD will contribute the standard government amount, which is almost three-quarters of the plan's premium.

The expanded demonstration will target about 25,000 eligible beneficiaries in each location, increasing to 120,000 the number of beneficiaries eligible for the FEHBP demonstration. The Iowa site encompasses the entire state (except ZIP code areas in the Offutt Air Force Base's catchment area), parts of Minnesota, South Dakota, Nebraska, Kansas and Missouri.

The second site includes parts of Georgia, Florida and South Carolina.

The next enrollment opportunity at all demonstration sites, including the two new ones, will begin in November 2000 during the FEHBP's annual enrollment open season. Coverage for new participants will begin Jan. 1, 2001, and will run through Dec. 31, 2002. The U.S. Office of Personnel Management (OPM) administers the FEHBP. OPM and DoD jointly administer the DoD/FEHBP demonstration project.

This fall, DoD will mail "The 2001 Guide to Federal Employees Health Benefits Plans participating in the DoD/FEHBP Demonstration Project" to all eligible persons within the designated ZIP code areas. The guide contains a list of participating health plans, benefits, premiums and other information.

Information will be available in late summer on a series of meetings about the project that will be held in the areas of the new demonstration sites. Beneficiaries who meet eligibility criteria will receive notification by mail.

Others may call the DoD/FEHBP Project Call Center toll-free, 1 (877) 363-3342, for further information.

For a complete list of ZIP code areas to be served by the new demonstration sites, and other information about the FEHBP demonstrations, visit the Military Health System website: [www.tricare.osd.mil/fehbp/](http://www.tricare.osd.mil/fehbp/)

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2000 edition of U.S. Navy Shipboard Pest Control Manual available

The Navy Disease Vector Ecology and Control Center Bangor has released the 2000 edition of the U.S. Navy Shipboard Pest Control Manual.

This is the first new edition since 1984. The Shipboard Pest Control Manual is a comprehensive reference that covers all aspects of pest control for U.S. Navy Ships. The manual is a companion to the Shipboard Pest Management Course (CIN B-322-2075). Numerous color photos of pests and pest control subjects have been added. The biology of the major shipboard pests, such as cockroaches, rats and stored product pests are covered.

All of the chapters have been updated with new and improved pest management techniques merged with the bedrock principles of pest management. A new chapter on quarantine issues has been added that covers background information on quarantine responsibilities of the Navy.

The manual also includes the Navy Environmental Health Center approved Authorized Shipboard Pesticide list. Copies of the manual will be made available at Shipboard Pest Management classes. To register for a Shipboard Pest Management class contact your local medical entomologist at a Navy Disease Vector Ecology and Control Center or Navy Environmental and Preventive Medicine Unit. The manual is also available for download at the NDVECC Bangor website, [www.ndvecc.navy.mil](http://www.ndvecc.navy.mil).

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TRICARE question and answer

Question: Is preventive care covered under Standard or Extra?

Answer: Preventive care is an added benefit under Prime. If the particular preventive service is a benefit included under the TRICARE Standard (CHAMPUS) benefits, you will be responsible for the deductible and co-payment under Extra and Standard. See your Health Benefits Representative about specific preventive care under TRICARE Standard.

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Anthrax question and answer

Question: Why do we think the anthrax vaccine will protect people if anthrax inhalation occurs? What scientific

evidence do we have?

Answer: The original Brachman and CDC studies of anthrax vaccine in textile workers proved that the vaccine protected against anthrax. The calculations performed in that study combined the cutaneous (skin) and inhalation forms of anthrax infection that occurred. No inhalation anthrax occurred among the vaccinated workers, while five cases of inhalation anthrax occurred among workers who had not been vaccinated. The total number of cases was judged too few to show statistically conclusive proof of protection.

However, results from several animal studies provide additional evidence that the vaccine protects against anthrax challenge with more than 500 times the lethal dose of anthrax by inhalation. This information coupled with the encouraging results of the effectiveness and immune response in humans assures us that the vaccine will greatly increase the chances of servicemembers surviving exposure to inhalation anthrax. When full immunization is combined with proper use of protective masks, detection devices, surveillance and post-exposure treatment with antibiotics, the threat is even further reduced.

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Healthwatch: Some known and little known facts about calcium

Calcium is the most abundant mineral in the human body. About 99 percent of the body's calcium is in the bones and the rest is in the soft tissues. Most people know that calcium is needed for building and maintaining bones and teeth. But did you know that calcium also:

- Helps regulate the heartbeat (along with magnesium)
- Helps the blood clot and maintain a balance of acid and alkali
- Helps muscles grow and contract
- Helps nerves transmit
- Helps the body use iron
- Helps activate several enzymes (so other nutrients can function)
- Helps regulate the passage of nutrients in and out of the cell walls?

The calcium that does all this work circulates in the blood, and the body regulates the level of blood calcium very carefully. Extra calcium is stored in the bones, where it can be released quickly if the level of calcium in the blood drops too low.

Despite its importance to the human body, calcium is available in significant amounts from very few foods. Most people think of dairy products as sources of calcium, and milk, yogurt, hard cheeses, and cottage cheese are excellent sources. However, not all dairy products are good sources of calcium. For example, butter, sour cream and cream cheese contain minimal amounts of the minerals. Nondairy sources of calcium include broccoli, dark green leafy vegetables, tofu, beans, peas, lentils and canned fish with soft edible bones.



As you get older, your body's ability to absorb nutrients declines, so you need to take more calcium. Adequate calcium helps prevent osteoporosis, a disease that causes the bones to become porous and fragile because calcium is withdrawn faster than it is deposited.

On the other hand, too much calcium in your diet can result in hypercalcemia, an excessive buildup of calcium in the bones and some tissues, such as the kidneys. People who rely on tablets or other supplements to supply calcium, instead of relying on dietary sources, may be more prone to this condition.

When it comes to calcium, as well as other important nutrients, the best advice is to eat a varied but balanced diet that's rich in complex carbohydrates, low in fat, and includes moderate amounts of protein.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, at email: mednews@us.med.navy.mil; Telephone 202/762-3218, (DSN) 762, or fax 202/762-3224.

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